

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS STANDARD CERTIFICATE OF BIRTH

State File No. 133a
206

Registered No. _____

1. PLACE OF BIRTH

County Gila State Arizona
District or Township San Carlos Reservation or Village _____
City Rice No. _____ St. _____ Ward _____
(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child Paul Cassa

3. Sex of Child male To be answered ONLY in event of plural births. 4. Twin, triplet or other. _____ 6. Legitimate? yes 7. Date of birth II-7-1929
Month Day Year

8. FATHER
Full name Oliver Cassa

14. MOTHER
Full maiden name Bessie Case

9. Residence (Usual place of abode) Rice
If non-resident, give place and state.

15. Residence (Usual place of abode) Rice
If non-resident, give place and state.

10. Color or race 4/4 apache ind. 11. Age at last birthday 26 (Years)

16. Color or race 4/4 apache ind. 17. Age at last birthday 21 (Years)

12. Birthplace (city or place) San Carlos
(State or country) Ariz.

18. Birthplace (city or place) Miami
(State or country) Ariz.

13. Occupation mechanic
Nature of industry

19. Occupation housewife
Nature of industry

20. Number of children of this mother 2 (Taken as of time of birth of child herein certified and including this child.) (a) Born alive and now living 2 (b) Born alive but now dead 0 (c) Stillborn 0 21. Were precautions taken against ophthalmia neonatorum? yes

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive at II p. m. on the date above stated.
(Born alive or stillborn.)

* When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Signature V. P. Combs (Physician or Midwife).

Given name added from supplemental report _____ Address Rice, Ariz.
Month, day, year

Registrar _____ Filed _____, 19 _____ Registrar _____

731-1107-235